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ABSTRACT

Barriers to educational mobility for nurses have existed since the mid-1960s. In 1963, the National League for Nursing (NLN) adopted a position that ruled out articulation of any kind between associate degree in nursing (ADN) and bachelors in science in nursing (BSN) programs. In the mid-1970s, a countermovement took shape, supporting open curricula and articulation. Many barriers to articulation remain, including: (1) long-standing dubiousness among BSN educators about the educational qualifications of students trained in a "terminal" program; (2) the labeling of registered nurses (RNs) and licensed vocational nurses (LVNs) as having an "RN (or LVN) mentality"; (3) institutional and regional unevenness in programming; (4) conflicting perceptions of the equivalency of ADN and BSN courses, and the unwillingness of educators to accept that the courses have both differences and similarities that must be taken into account to create articulated programs; and (6) students' resentment about duplicating coursework. Such obstacles can be overcome through partnerships to support mobility for employed RNs and LVNs, continued work on the differentiation of the content of pre-licensure nursing programs, discretion and flexibility in decisions about upper-and lower-division courses and transfer credit, specific articulation agreements between institutions, and the promotion of a pluralistic educational system. Ultimately, the unprecedented diversity in student demographics of the future will be the compelling rationale which brings about a predictable educational system in nursing. (JMC)

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TRANSFORMING ARTICULATION BARRIERS IN NURSING

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Why is articulation in nursing education still a topic? Nurses have been writing and speechifying on this subject for 25 years, and can point to an extensive bibliography on the subject. Given the persistence of barriers to articulation in nursing, despite the thought, time, effort, and paper devoted to the subject of educational and career mobility for nurses since the mid 1960's, one can only conclude that they are not easily transformed. If they were, the problem would have been solved, and we would not be here today talking about articulation in nursing.

In a technical sense, we know many answers for the question of how men and women in the nursing field can move up the educational ladder. There are articulated programs, career ladder programs, second step programs, upper two programs, upper one programs, external degree programs, and outreach programs. We have portfolio evaluations, standardized test evaluations, competency tests, and teacher-made tests. We have bridge courses, transition courses, and advanced placement. There are associate degree programs which admit only LPNs, and both baccalaureate and master's programs which admit only RNs. There are generic tracks, degree completion tracks, upgrade tracks and fast tracks. There are many successful programs, successful admission and placement procedures, successful courses, and studies which show that RNs who become BSNs move into leadership positions, go on for graduate study, say they think more critically, and say they have more self-confidence.[1]

Still, there is a problem. There are barriers to educational mobility, and like Willard, here, we frequently rethink the problem. Why have the barriers to educational mobility in nursing been so persistent? History and

ideology in nursing education bring both complexity and ambivalence into the educational mobility discussion. During the 1960's and early 1970's two contradictory developments illustrate the ambivalence. On the one hand, the National League for Nursing (NLN) set forth a position regarding the baccalaureate nursing program that ruled out any articulation of any kind with AD or diploma, and on the other, the so-called open curriculum movement arose, and was supported by NLN.

The 1963 "Statement of Beliefs" from the National League for Nursing Board of Directors[4] called for the end of special programs for RNs, and put forth the notion that there was one baccalaureate program, the generic program, and that RNs along with other students would complete it. Not only was the idea that there would be just one baccalaureate curriculum, but also that by definition professional nursing could be taught only on a base of liberal education: "...liberal education precedes and is basic to professional education..."[2] "Nursing practice in collegiate programs builds on and integrates the liberal arts into the nursing curriculum; to give college credit for nursing courses taken apart from the liberal arts or before acquiring a broad base in the arts and sciences would contradict the entire philosophy and practice of collegiate education."[3] For a dozen years, RNs, particularly diploma graduates, spent a minimum of four full years of study, taking all nursing courses including Fundamentals, to earn a bachelor's degree in nursing. The reasoning was that these nursing courses would all be different from any the nurse had had in a diploma or associate degree program, by virtue of the fact that liberal arts study had preceded them. Not surprisingly, many disagreed, and a counter movement took shape in the mid 1970's. The first "new" RN to BS programs were founded, and began fighting their way for accreditation. As Sonoma State College in

California, a pioneer "second-step" BS program, put it, "We believe that associate degree or equivalent nursing preparation can be an integral part of and does form the foundation upon which professional nursing can be built."[5]

History and ideology feed this debate about whether the liberal arts must form the base of professional education, and there is something else: a long-standing dubiousness about the educational qualifications of those educated in a program which is "less than" whatever program it is that we are teaching in. Nursing's effort to strengthen its professional strength and visibility has historically included efforts to raise standards and educational requirements by attacking the background, training, and ideology of most of working nurses."[6]

This concern for the educational quality of shorter programs and its effect on our attitudes toward articulation shows up all up and down the line. The sense that the lesser trained nurse has an almost unredeemable deficit by virtue of her educational background manifests itself in questionable advanced placement practices. We may label the LPN's and RN's who present themselves to enter our programs in negative terms, and speak of them as having "LVN (or RN) mentality"; we speak of them as difficult to socialize. We still see the old ambivalence at work in our profession: on the one hand, we embrace egaliterian and democratic values; on the other hand, there is passionate resistance to the idea of embracing nursing as a multilevel, pluralistic, rationally connected system. The belief exists that to sanction defined relationships between educational levels would be academically and professionally shoddy.

I like best what the late Ruth Matheney said and will give her the last word on history and ideology: "Many nursing educators still think that, if

nurses graduate from a "terminal" program, they should at least have the good grace to remain terminal."[7]

Many barriers have tumbled. New opportunities have been created for nurseswho want further education, and a variety of excellent procedures and programs encourage and support educational mobility. Nonetheless, there is institutional and regional unevenness, and too much rhetoric that mixes myth and reality.

I sometimes think that nursing consists of two groups of people -- idealists and pragmatists. The values of each are richly mixed in attitudes and practices across the country toward articulation and educational mobility. In many baccalaureate institutions, upper division vis-a-vis lower division distinctions major problems in articulation between AD and BS curricula in some institutions. Others seem to find creative ways for accepting lower-division courses to meet selected upper-division requirements without controvery or fanfare for previous lower-division study. It is a myth that it can't be done.

NLN accreditation criteria are said to be a barrier to articulation. It is a myth that specific admission practices are either prohibited or allowed in accreditation criteria. The NLN is easy to blame for something you don't want to do.

It is a myth that there is no difference between AD and BS nursing courses. It is a myth that the differences are distinct and clearly describable. It is the joint responsibility of ADN and BSN educators to identify (or create) the differences as well as identifying similarities, so that students who receive both an ADN and a BSN education benefit from the best of both.

The attitudes carried by the students themselves frequently constitute a barrier. The student perception that there is "always" duplication of nursing knowledge and experience when they return to school inhibits articulation success. On the other hand, if a strong case cannot be made that the required upper-division nursing courses are different from the ADN or diploma nursing courses, the student should have the opportunity to demonstrate what has been learned.

I want to suggest to you today that student demographics will ultimately be the compelling rationale that transforms all barriers and brings about a predictable educational system in nursing. Demographics, interestingly enough, is now called a science, added as a newcomer to the list of social sciences. It is said that of the social sciences, demographics is most like the science of celestial mechanics -- we look for the higher unseen engines that make the social system work in certain ways. There is a huge unseen engine--the population of students who will be in our nursing pipeline--which argues for predictability in educational mobility.

Perhaps you've seen a report, now a couple of years old, by Harold L. Hodgkinson spells out the demographics of education from kindergarten through graduate school.[8] He challenges our tendency to look only at our own institutional segment, whether community college, college, or university, and to see our own educational enterprise as a discrete and separate unit shaped by unique factors and forces. In fact, Hodgkinson points out, education from kindergarten through graduate school is <u>All One System</u>, the title of his report -- the stream of people who are moving through at any one time make it a system and ultimately define what it is and what it is doing. He cautions all of us in education to observe the major changes occurring in birth and immigrant groups that are now shaping

and will continue to dramatically shape the educational enterprise. Hodgkinson makes four points:

1. There are substantial increases in the number of children entering the schools system with backgrounds that predict major learning difficulties. These include, first, the rapidly increasing numbers of children born out of marriage to teen-age mothers. Secondly, he reminds us that children born into poverty enter school with backgrounds associated with learning difficulty, and that the number of such children is increasing. A child under six today is six times more likely to be poor than a person over 65.

2. Asian-Americans represent 44% of all immigrants admitted to the United States. Asian-American youths are heavily involved in public schools; a high percentage graduate and attend college. They present a particular challenge in higher education with understandable difficulty in verbal tasks, yet higher-than-average scores in mathematical ability measures.

3. By around the year 2000, America will be a nation in which one of every three of us will be non-white. And minorities will cover a broader socioeconomic range than ever before, making simplistic treatment of their needs even less useful.

4. There is, and will continue to be, an absolute decline in the number of 18-to-24-year-olds; in addition, high school retention rates are decreasing: 14% of white students are dropping out, 20% of Black students, and 30% of Hispanic. There is at the same time an increase in the number of high school dropouts who acquire the GED, then seek and find a college or university that will accept them.

Hodgkinson summarizes the challenge to higher education in these words: "The rapid increase in minorities among the youth population is here to stay. We need to make a major commitment, as educators, to see that all our students in higher education have the opportunity to perform academically at a high level. There will be barriers of color, language, culture, attitude that will be greater than any we have faced before, as Spanish-speaking students are joined by those from Thailand and Vietnam. The task will be not to lower the standards, but to increase the effort. For the next 15 years at least, we will have to work harder with the limited number of young people we have to work with."

The 18-to-24-year-old group will decline in size until 1994, but in community colleges we have always drawn on an older student population as well as the 18-to-24-year-olds. The Baby Boomers are now in the peak middle years of earning and learning, and many of them will seek career changes or advancement. As we know, they seek short programs, and return to get further education in an incremental fashion.

The demography, that huge unseen engine that ultimately drives the system, foretells a continuing stream of students entering the several levels of our pluralistic nursing education system. The unprecedented diversity of students argues for a system wherein people can begin study at many different levels of academic achievement and obtain the remedial, academic and financial assistance that will allow them to succeed. Education needs to be available in negotiable units of time and in a manageable location. There is need for articulation between segments that allow the adult learner to enter, leave, and reenter, building educational increments toward the individual's highest level of achievement, limited only by ability and personal choice.

The arresting message in the Hodgkinson monograph is in the title: All One System. More important than the profile of the student population is the principal idea: the segments of the educational enterprise are not separate entities, but are bound one to another by what they hold in common and ineluctably share: namely, the students. Hodgkinson states that hard as it is to believe, graduate students were at one time third-graders; so, too, in our smaller universe. Nursing graduate students were once in AD, diploma, or bachelor's degree programs; increasingly, baccalaureate students were once AD or diploma students. Baccalaureate program faculty are experiencing a very rapid change in the student population. In 1975, 10% of students in BSN programs were RNs. That grew to 30% in 1985. The trend suggests that by 1990 50% of students in BSN programs will be graduates of ADN or diploma programs. And AD students will increasingly include a cohort of LPNs, nursing aides, and others who decide they are working below the level they desire.

Nursing's history and past practices in providing educational mobility show a strong reluctance to embrace the pluralistic multilevel education system in nursing. Frequently, the ideas about educational mobility, i.e., getting LPNs into ADN programs and RNs into BSN programs, are couched in terms of an all-out short-term remedial effort until the system can be changed -- to eliminate LPN programs, or phase out diploma, or gear up for the education of all RNs in baccalaureate programs. In that view, educational mobility is needed as a temporary measure to move from <u>now</u> to <u>then</u>. Such a position ignores the future as it already exists and is moving inexorably toward us. Such a position overlooks the basic truth that it is the students who determine the educational system.

Providing educational mobility does not require that we standardize the educational system itself. The desired goal is not uniformity, rather it is predictability. A multilevel system with options, alternatives, ladders, crossovers, entrances and exits, internal and external degrees, and more is not necessarily a system in disarray; it may be enlightened, orderly, logical, sensitive, rich in diversity and the opportunities it offers, and effective in the essential social service it provides.

Transforming the barriers to educational mobility will accommodate learning needs and career goals of our future students. The barriers are not in our educational institutions, not in our students, but in ourselves. Thus, so are the solutions. Solutions to transform barriers to educational mobility in nursing include:

1. Partnerships with nursing service to support mobility for employed nurses and assistants. A number of model projects exist. For example, New York's Project L.I.N.C. in which the Greater New York Hospital Association and City nursing schools offer special programs whereby nursing attendants, LPNs, RNs, and BSNs can advance educationally and within their nursing career. On the other coast, the University of San Francisco and a nearby Kaiser Foundation Hospital jointly support a class of Kaiser RN employees toward a BS degree through specially scheduled part-time study. Nursing homes in California support classes of nursing assistants enrolled part-time in practical nurse programs, and two groups of LPN employees enrolled in two ADN programs in specially scheduled part-time programs.

2. Continued work on differentiation of pre-licensure content in nursing is critical to overcoming the barriers. Agreement on content differences between programs diminishes the strength of traditional biases. Clarity and agreement in content differentiation also diminishes the need

for pretesting as a part of enrolling students who have had previous nursing education, and increases the success of transition instruction -- specially designed experiences which bridge segments.

3. Discretion, reasonableness and flexibility need to be exercised in making decisions about upper- and lower-division courses and transfer credit. Many schools are successful in finessing the system in order to facilitate articulation for qualified students.

4. Specific articulation agreements between institutions are desirable. Two institutions--or a geographic group--review the requirements in the nursing program at each level and agree on the appropriate placement in Level II of the student who has successfully completed the Level I program. We accept LPN graduates from a neighboring program without further screening and place them in courses according to our existing agreement. Our ADN graduates are assured placement in a neighboring baccalaureate program under a similar agreement.

5. We need activities which foster trust and clarity in order to achieve consistency and predictability. A successful example exists in the work of an ad hoc articulation committee in California, with representation from both BS and AD programs meeting periodically for more than a year, which has enlarged the level of understanding and trust among all the state's nurse educators. A basic tool for their work was a survey of AD and BS curriculums in California.

A survey of the 70 associate degree programs in the state revealed that total required units (credit hours) for graduation from an ADN program ranged from 62 to 115, and for graduation from a BSN (generic) program the range was from 123 to 144. Table 1. shows selected results of the two surveys.

SEMESTER UNITS REQUIRED FOR DEGREE IN NURSING* California AD and BD Programs				
	ASSOCIATE DEGREE (N-56)		BACCALAUREATE DEGREE (N-18)	
	Median	Range	Median	Range
Total Units	76	62-115	130	123-144
Nursing Units	41	36-74	60	50-68
General Ed Units	35	21-54	69	53-90

Table 1.

The survey of the baccalaureate programs also asked for the maximum possible number of units (credit hours) that an RN who graduated from an associate degree program can transfer and apply toward graduation requirements in the BSN program. The variation found within one state, within one educational system (the public state university system) came as a surprise. Students are permitted, depending on the baccalaureate program in California they choose, to transfer as few as two or as many as 36 course units (credits), with the average being 26.[9]

While the committee has no "authority" to make changes, the "exposure" if you will of the wide range has already influenced the way-out-of-line programs to come toward the median. Peer pressure works again!

6. Finally, we need to promote the view that nursing will be alright--even flourish--with a pluralistic educational system. I know we believe that -- and I believe we can convince our other-minded colleagues in nursing to see it our way.

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